



Complete Summary

TITLE

Chlamydia screening: percentage of women 16 to 25 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of women 16 through 25 years of age who were identified as sexually active who had at least one test for chlamydia during the measurement year.

RATIONALE

This measure assesses the percentage of sexually active women 16 to 25 years of age who were screened for Chlamydia. Screening for Chlamydia is essential because the majority of women who have the condition do not experience symptoms. The main objective of Chlamydia screening is to prevent pelvic inflammatory disease (PID), infertility and ectopic pregnancy, all of which have very high rates of occurrence among women with untreated Chlamydia infection.

The specifications for this measure are consistent with current clinical guidelines, such as those of the U.S. Preventive Services Task Force.

Chlamydia trachomatis is the most common sexually transmitted disease (STD) in the United States. The Center for Disease Control and Prevention (CDC) estimates that approximately three million people are infected with Chlamydia each year. Risk factors associated with becoming infected with Chlamydia are the same as risks for contracting other STDs (e.g., multiple sex partners). Chlamydia is more prevalent among adolescent (15 to 19) and young adult (20 to 24) women.

PRIMARY CLINICAL COMPONENT

Chlamydia; screening

DENOMINATOR DESCRIPTION

Women 16 through 25 years of age as of December 31 of the measurement year who were identified as sexually active (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

At least one chlamydia test during the measurement year as documented through administrative data (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 16 through 25 years

TARGET POPULATION GENDER

Female (only)

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Rationale" field.

BURDEN OF ILLNESS

See "Rationale" field.

UTILIZATION

Unspecified

COSTS

Screening for chlamydia is cost beneficial. Selective screening (i.e., screening only high risk women) saves \$38 for every woman screened and results in 0.037 cases of chlamydia avoided. Universal screening results in savings of \$45 for every woman screened and results in 0.047 cases of chlamydia infections avoided.

Effective antimicrobial therapy is available with cure rates of 97% for a 7 day course of doxycycline costing \$2-8. Single dose treatments are also available for persons who may not be able to comply with a 7 day course.

EVIDENCE FOR COSTS

Marrazzo JM, Celum CL, Hillis SD, Fine D, DeLisle S, Handsfield HH. Performance and cost-effectiveness of selective screening criteria for Chlamydia trachomatis infection in women. Implications for a national Chlamydia control strategy. Sex Transm Dis 1997 Mar; 24(3): 131-41. [PubMed](#)

Recommendations for the prevention and management of Chlamydia trachomatis infections, 1993. Centers for Disease Control and Prevention. MMWR Recomm Rep 1993 Aug 6; 42(RR-12): 1-39. [PubMed](#)

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Women 16 through 25 years of age as of December 31 of the measurement year who were identified as sexually active and who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days (commercial) during the measurement year or not more than a one-month gap in coverage (Medicaid)

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Women 16 through 25 years of age as of December 31 of the measurement year who were identified as sexually active*

*Two methods are provided to identify sexually active women--pharmacy data and claims/encounter data. The managed care organization (MCO) must use both methods to identify the eligible population; however, a member only needs to be identified in one method to be eligible for the measure. Refer to the original measure documentation for details.

Exclusions

The MCO may exclude members who had a pregnancy test during the measurement year followed within seven days (inclusive) by either a prescription for Accutane (isotretinoin) or an x-ray. This exclusion does not apply to members who qualify for the denominator based on services other than the pregnancy test alone.

The MCO should use the codes provided in Table CHL-B in the original measure documentation to identify exclusions for chlamydia screening.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

At least one chlamydia test during the measurement year as documented through

administrative data. A woman is counted as having had a test if she had a claim/encounter with a service date during the measurement year with one or more of the codes documented in Table CHL-C in the original measure documentation to identify Chlamydia screening.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative and pharmacy data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial and Medicaid product lines.

Two age stratifications and an overall rate are reported:

- 16 to 20 year-old women
- 21 to 25 year-old women
- total rate

The total rate is the sum of the two numerators divided by the sum of the two denominators.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Chlamydia screening in women (CHL).

MEASURE COLLECTION

[HEDIS® 2006: Health Plan Employer Data and Information Set](#)

MEASURE SET NAME

[Effectiveness of Care](#)

DEVELOPER

National Committee for Quality Assurance

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2000 Jan

REVISION DATE

2005 Jan

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 350 p.

MEASURE AVAILABILITY

The individual measure, "Chlamydia Screening in Women (CHL)," is published in "HEDIS 2006. Health plan employer data & information set. Vol. 2, Technical specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2005: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2005. 74 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 18, 2003. The information was verified by the measure developer on October 24, 2003. This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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